

SECTION VII – PROGRAM INFORMATION

A. If applicable, provide the name and address of the outside agency or organization (must be not-for-profit) that administers, or will administer the program:

Contact Person: _____

Organization/Entity: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Attach a copy of the Letter of Agreement or Contract between the district and the not-for-profit agency.

B. Will the program be located on the school site? ☐ YES ☐ NO

NAME OF SCHOOL AND ADDRESS OF ACTUAL LOCATION OF PROGRAM

NAME OF CONTACT PERSON ON SITE

TITLE

TELEPHONE NUMBER

FAX NUMBER

C. Dates services began or will begin ____ / ____ / ____

D. Hours/Days of Operation: _____

E. The program will be in session during: (check all that apply)

☐ Regular School Session ☐ Summer (non-school days) ☐ School breaks/holidays ☐ Year Round

F. The program is currently licensed by the Bureau of Child Care, Missouri Department of Health? ☐ YES ☐ NO

If yes, attach a copy of your license certificate.

G. The program currently has Missouri Accreditation? ☐ YES ☐ NO

If yes, attach a copy of your Missouri Accreditation Certificate.

H. The program currently has NAEYC (National Association for the Education of Young Children) Accreditation? ☐ YES ☐ NO

If yes, attach a copy of your NAEYC Accreditation Certificate.

**REPLACE THIS PAGE
WITH A COPY OF
THE APPLICATION FOR
LICENSE TO
OPERATE A
GROUP CHILD CARE HOME
OR CHILD CARE CENTER**

OR

**APPLICATION FOR
LICENSE REVISION**

**REPLACE
THIS PAGE
WITH A COPY
OF THE
CURRENT
CHILD CARE
LICENSE**

**REPLACE
THIS PAGE
WITH A COPY
OF YOUR
CURRENT
ACCREDITATION
CERTIFICATE
HERE**

SECTION VIII – PROGRAM NARRATIVE

A. DEFINE THE NEED

Fully explain the specific need for and interest in a **new** or **enhanced** child care program in your geographic area. Describe how this grant award will improve the quality and/or increase the availability of child care. (All information must be contained within this space, “see attached” is not acceptable.)

B. COLLABORATIVE EFFORTS

What process was used to decide that there was a need? List all collaborative efforts used in planning and implementing this program. Fully explain how collaborative efforts will enhance the quality of the program. (All information must be contained within this space, “see attached” is not acceptable.)

C. PROGRAM GOALS AND OBJECTIVES

Present a concise statement describing the intended purpose, goals, and objectives of the **new** or **enhanced** program. Briefly state how the grant funds will be used to meet these goals and objectives. (All information must be contained within this space, “see attached” is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE *(Continued)*

D. IMPLEMENTING THE PLAN

Describe how the program will be implemented and include a time line. Give special attention to community and parent involvement, publicity and recruitment. Provide a sample schedule of the daily routine and activity choices for children. Demonstrate time line and evaluation for on-going staff training and professional development. Show how this increases and/or enhances care and availability.

This section also needs to address the plans for implementing the accreditation process. The narrative needs to include a time line of activities related to the program working toward and becoming accredited. (All information must be contained within this space, "see attached" is not acceptable.)

E. LONG RANGE PLANS AND EVALUATION

Describe how the program will be funded beyond the grant award period. Indicate long-range plans for fiscal viability including specific sources for funds. Please list fee schedule and scholarship guidelines. Describe how the program will be evaluated to ensure high quality. (All information must be contained within this space, "see attached" is not acceptable.)

SECTION VIII PROGRAM NARRATIVE (Continued)

F. PLANNED FACILITIES

Describe the proposed or existing program site, including dimensions, available equipment, where the program is located in the building, and all other room accessed. (All information must be contained within this space, "see attached" is not acceptable).

SECTION VIII PROGRAM NARRATIVE (Continued)
G. EARLY CHILDHOOD STAFF

1. In the box below, list current and/or proposed position(s), educational background, and child care experience of the staff – including the program administrator. Applicant must indicate which staff work directly with the children in the program. Attach all position descriptions including minimum qualifications and experience required.
2. Attach a **ONE PAGE** resume for program administrator/site director relating to education and experience to early childhood. **ATTACH JOB POSITION DESCRIPTIONS AND RESUMES HERE**

NAME OF STAFF	TITLE	EDUCATION BACKGROUND	NUMBER OF YEARS IN CHILD CARE	DOES STAFF WORK DIRECTLY IN THE CHILD CARE PROGRAM
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**REPLACE THIS PAGE
WITH COPIES
OF THE JOB
POSITION
DESCRIPTIONS
AND RESUMES
HERE**